
DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



ERRATA

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS

REFERENCE: COUNTY FISCAL LETTER (CFL) 01/02-51

The instructions for the form “Summary Report of Assistance Expenditures – Federal Children in Foster Care – SB 163 Wraparound” were incorrect.

The instruction for No. 3 should read:

Complete Part B – Lines 1 through 4 and 6 through 8 in accordance with the amounts shown on the integrated payroll summary.

The instruction for No. 6 should read:

Line 13 D – Enter the federal share: total aid paid (11B) minus the amount not reimbursable from federal funds (12A) and multiply by the current FMAP rate.

If you have any questions regarding this errata, please contact Connie Hamilton, Fiscal Policy Analyst at (916) 657-3438

**SUMMARY REPORT OF
ASSISTANCE EXPENDITURES -
FEDERAL CHILDREN IN FOSTER CARE
- SB 163 WRAPAROUND**

For State Use → <input type="checkbox"/> CDSS <input type="checkbox"/> County Welfare <input type="checkbox"/> County Auditor	
COUNTY	DATE (MONTH, YEAR)
CLAIM CONTACT PERSON	TELEPHONE ()

A PERSONS COUNT	B AMOUNTS	SOURCE DOCUMENTS
		1. Main Payroll
		2. Current Month Supplemental
()	()	3. Current Month Cancellation Contra Roll
		4. Prior Months Supplemental Payroll
		5. Subtotal (reconciliation totals)
()	()	6. Prior Months Cancellation Contra Roll
()	()	7. Recoveries of Aid
		8. Schedule of Adjustments (show minus items in parentheses)
		9. Subtotals (Lines 6,7,8)
		10. DSS Office Audit Corrections (for state use only)
		11. TOTAL
		12. Amount not Reimbursable from Federal Funds

A	B	C TOTALS	D FEDERAL	E STATE	F COUNTY	
			(Line 11B - Line 12A) X .5140	(Line 11B - Line 13D - FC 1 Col. E1) X .40	(Line 11B - Line 13D - FC 1 Col. E1) X .60	13.
GRAND TOTALS						14.
		(Line 11B)	(Line 13D)	(Line 13E)	(Line 13F)	
						15.
						16.
Total Fed Admin Costs (FC 1 COL. E3)	Total Non-Fed. Admin Costs (FC 1 COL. F2)		(Line 17A) X .5	(Line 17A - Line 17D + Line 17B) X .40	(Line 17A - Line 17D + Line 17B) X .60	17.
SUPPLEMENTAL CLOTHING ALLOWANCE			(Line 18C) X .5140	(Line 18C - Line 18D)		18.
FUNERAL COSTS (11-420.2)						19.
THPP	PERS. CTS.					20.
(FOR COUNTY USE ONLY)	PERS. CTS.					21.
						22.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustment reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR	DATE	SIGNATURE OF COUNTY AUDITOR OR CONTROLLER	DATE
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INSTRUCTIONS FOR USE OF FORM CA 800 FC (SB 163) (FEDERAL) SB 163 WRAPAROUND

Counties may claim Title IV-E placement costs at the current FMAP rate when serving a federally eligible child in the SB 163 Wraparound Services Project.

These instructions clarify what steps must be taken to claim federally eligible placement costs for a federally eligible child with concurrent placement costs.

Attach this form to the CA 800 FC (FED) completed for federally eligible children on a monthly basis.

Only fill out the lines listed below. You will not complete the entire form.

1. Enter the county name, month and year in the space provided.
- 1a. Enter the name and telephone number of the county staff person to be contacted should there be any questions regarding this claim.
2. DO NOT complete Part A - Lines 1 through 11.
3. Complete Part B - Lines 1 through 4 and 6 through 8 in accordance with amounts shown on the integrated payroll summary. All money amounts on the Form CA 800 FC (SB 163) (FED) may be rounded to the nearest dollar. The required detail support for the Schedule of Adjustment is the Prior Month Positive Adjustment Report.
4. Complete the CA 800 FC 1 (FED) for any federally eligible child placed in a Group Home or Foster Family Agency. If the child is in a Foster Family Home, that child should not be listed on the CA 800 FC 1 (FED).
5. Part A Line 12 A - Enter the net amount not reimbursable from federal funds.
6. Line 13 D - Enter the federal share: total aid paid (11B) minus the amount not reimbursable from federal funds (12A) and multiply the result by the current FMAP rate.
7. Enter Grand Totals on Line 14D.
8. Line 17A - Enter the total Federal Administration Costs: CA 800 FC 1 (FED) column E3.
9. Line 17B - Enter the total Non-federal Administration Costs: CA 800 FC 1 (FED) column F2.
10. Line 17D - Enter the federal share (17A) multiplied by .5.